On the progress of cutaneous medicine during the present century : being the annual oration delivered May, 1876, before the Medical Society of London / by Erasmus Wilson.

PROGRESS OF CUTANEOUS MEDICINE

DURING THE PRESENT CENTURY.

ERASMUS WILSON.

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DURING THE PRESENT CENTURY.

BEING THE ANNUAL ORATION DELIVERED MAY, 1876,

BEFORE THE

MEDICAL SOCIETY OF LONDON.

BY

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DURING THE PRESENT CENTURY.

Mr. President and Gentlemen,

If we look around on the walls of this apartment, we find delineated on its panels the names of many distinguished associates of the Society, of former times. Among them is that of Robert Willan, a name of world-wide renown, to whom was awarded the Fothergillian gold medal of this Society on the 6th of February, 1790; nearly one hundred years ago. "Cuticulam curare paratus" was the triumphant *adsum* with which Willan heralded his labour; and his essay received the approbation of his judges; among whom we find the venerated names of Sims and Lettsom. He describes his essay in these words:—"The outline of my plan for the arrangement and description of cutaneous diseases." We have thus suggested to us the necessity for some arrangement, and are made aware of the disorder which prevailed as to the consideration

of cutaneous diseases at that period; and we feel ourselves bound by a deep sense of gratitude to Willan for his effort to extricate them from confusion.

Linnæus had been before him in the classification of the vegetable kingdom, and PLENCK* of Vienna had immediately preceded him with an arrangement of cutaneous diseases, of which his own was a simplified modification. The age was Linnæan, and every classification of the period was irradiated by the genius of that great naturalist. We can fully realise, even now, the generous enthusiasm with which Willan's classification was accepted, and his breast decorated by this learned Society, and especially when we remember the complexity which had prevailed in the subject up to his time—a subject which had been scarcely touched since the days of DANIEL TURNER in the early part of the 18th century, and which was still more or less under the control of the doctrines of two centuries before.

The nursling introduced into Britain by Willan, with the help of this Society, has taken deep root amongst us, and has grown up into a stately and flourishing tree. In his "*Description and Treatment of Cutaneous Diseases*," the first part of which was published in 1798—consequently eight years after the presentation of the Fothergillian medal by Dr. Sims—he says:—"I propose to arrange cutaneous diseases in seven orders, to be characterised by the different appearances of Papulæ, Scales, Rashes, Vesicles, Pustules, Tuber-

* Plenck's classification bears date 1776.

cles, and Maculæ." These primary anatomical forms are now familiar to us all, and we naturally keep them in mind in our present investigation of cutaneous affections.

Upwards of half a century later than the date of Willan's essay—namely, in 1844 *—HEBRA of Vienna, founding his belief on the excellent researches of Rokitansky and that school, proposed, for the classification of diseases of the skin, the principles of pathology which were applied to other organs of the body, thereby identifying the skin with the rest of the organism, elevating it from the special and empirical position it had previously occupied, and bestowing on its study a more scientific and philosophical character. Hebra assumes for his classification a pathologico-anatomical basis, and excuses himself, where, indeed, excuse is unneeded, for employing the name of a pathological process—an idea rather than a fact—for the title of his different groups.

Hebra's classification presents to us a series of twelve groups, represented by so many pathological ideas: for example:—hyperæmia and anæmia; altered gland secretion; exudations (corresponding with our inflammation); hæmorrhage; hypertrophy and atrophy; neoplastic and heteroplastic growths; ulcer; neurosis; and parasites.

Thus, while our teachings in England, dating from the time of Willan, have appealed to a practical

* Published in English by the Sydenham Society, in 1866.

property of the medical mind—namely, that of observing closely and carefully the object before us—the more modern school, taking its rise in Germany, and surging onwards at the present moment a gigantic flood of progress and of light, instructs us to inquire into the processes by which the lesions are produced, and identify the trivial signs taught in our earliest lessons with the more profound researches of a higher class.

Long before the attention of Hebra was directed to the subject of a new classification of cutaneous diseases, Mr. Wilkinson, a London practitioner of considerable experience, writing in 1822,* observes :—"I would, on no account, attempt to diminish the value of Dr. Willan's classification, which I think not only beautiful, but even useful, as far as it enables us to convey to each other, with facility, without the labour of description, more correct ideas of the peculiar appearance of each eruption ; but I cannot admit that it has contributed, in the least degree, to the power of subduing them.

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Its greatest beauty, the classification of the eruptions, and the division of each into its different varieties, led him away, and has led away most of his readers, from *the sameness of method and remedies* necessary for the cure of such diseases; and induced him and them to think, that not only the different orders, but their

* "Remarks on Cutaneous Diseases:" by J. H. Wilkinson. London, 1822.

genera, and even many of their varieties, required different remedies and different modes of treatment."

A curious illustration of the dangers of nomenclature and classification will be found in the Proceedings of the Medico-chirurgical Society for 1800. Dr. Marcet presented to that society a paper entitled, "An account of a severe case of erythema unconnected with mercurial action." After alluding to papers by Dr. Spens and Dr. Alley, the well-known writers on erythema mercuriale and hydrargyria, he describes his own case as "a sudden desquamation of the cuticle all over the surface of the body, with an ichorous discharge, and a general redness and tumefaction." From the extreme redness of the skin, and abundant exfoliation of the epidermis, involving even the casting of the nails, we might imagine the case to be one of dermatitis exfoliativa, the so-called pityriasis rubra. But, he observes, "As the ichorous discharge is a constant and prominent feature, I should think the term erythema ichorosum well adapted to distinguish it." And if we take this view of the case, we may consider it an eczema; but it is quite obvious that it must have been one or other of these two affections.

Willan was invited to see this case during an attack of moderate activity, and suggested its being an example of the genus *impetigo*, appearing to him to answer very nearly to the impetigo rubra of Celsus; but he says that "disease presents itself in many different forms, none of which, amongst those that he (Willan) has met with,

has equalled, in extent and severity, that which has just been described." In reflecting on this case, which is not very unusual amongst ourselves at the present time, I could not help being struck with the presumed rarity of the disease. Willan was evidently undecided as to a diagnosis; whilst the shrewdness of Dr. Marcet in naming it erythema ichorosum—erythema standing merely for inflammation—brought him instantly to the truth; the man of orders and genera being foiled on his own ground by the man of simple and unbiassed observation.

But when we have mastered the anatomical lesions of cutaneous disease and their pathological processes, there is still much, and very much, to be accomplished towards gaining a knowledge of these diseases with a view to their treatment. Let us take our seat in our consulting-room, or by the bedside, and *clinically* inquire what kind of classification will best suit our purpose there. Our book now occupies its place on its proper shelf, and affords us little or no information; and, in fact, is as likely to lead us into error as to guide us to the truth. Mr. Wilkinson very naïvely and suggestively remarks—"But from the idea I had imbibed from the authors I had read, and particularly from Dr. Willan, that the different orders and genera should be treated in a different method, and with different remedies, I never contemplated the propriety of using the *same means* for the cure of papulous which I had successfully employed for the cure of squamous affections."

Well, our first six patients are adults, say between forty and sixty years of age; some have eczema, moist and dry, recent and chronic; some erythema, some gutta rosea, and some lichen. We inquire into the functions of digestion and assimilation; in the majority we find symptoms of gastric disorder, nausea, loss of appetite, flatulence, distension, constipation, all more or less confirmed. Our pen flies to the paper; we are about to prescribe; and for what?—for indigestion and malassimilation. But our patient consults us for cutaneous disease, not for his stomach, or liver, or digestive organs, with which he finds no fault, and which he is not aware of being in a state of disorder: while we, on the other hand, know the assimilative organs to be the cause of the irritation, and that if they be restored to their healthy function, all the cutaneous symptoms will subside and disappear. Undoubtedly, when the "*force majeure*" has been dealt with, we shall advise our patient as to some local treatment, an ointment, a powder, or a lotion for the immediate relief of the skin; but, practically, we treat the cutaneous affection as if it were altogether secondary in importance; neither need we care to inquire too minutely whether the anatomical lesion is a hyperæmia, a papule, a vesicle, a discharge, or a state of desquamation. And if we be in want of a name to include the cases of this description, we might adopt the word assimilation, and consider this as an *assimilative group* of diseases.

Our next six patients are infants and children; they

have brought to us an exuding eczema, a crusta lactea, an impetigo, a tinea, and a lupus. Our attention will now be led into the direction of the nutritive functions of the economy. We begin with food; we endeavour to improve and increase nutritive power by arsenic and iron, and perhaps by cod-liver oil. True, we do not overlook digestion, as we should be unwilling to allow anything to escape our notice which merited attention. But we are, in this instance, dealing essentially with an aberration of nutrition, as, in the former group, our indication was an aberration of digestion and assimilation. In the next place we approach the external treatment —to soothe and to heal in one case, to stimulate moderately in another case, and forcibly in a third. Here, then, we recognise a *nutritive group* of affections.

Our next patients, who may be of all ages, present us with a neurosis, ranging in variety from the lichen urticatus of infancy to the prurigo senilis of advanced life. Our remedies for strengthening and invigorating the nervous system come next into play; we find our pen, obeying a mental impulse, tracing the characters representative of quinine, iron, arsenic, strychnine, phosphorus, cod-liver oil; and bringing to light those local agents which are capable of checking and arresting pruritus and pain, among which may be named tar, chloroform, hydrocyanic acid, and aconite. Here, then, there is a *neurotic group* of disorders.

And what more remains? There is at least one other group, and, indeed, our only distinctly specific group—

namely, syphilis. And here, in the presence of syphilis, we find our thoughts bent, not on malassimilation, malnutrition, and malnervation, but upon the means requisite for the elimination of a poison from the system, and centred in the very narrow but important area of inquiry—the judicious employment of two grand remedies, namely, mercury and iodide of potassium.

Therefore, if, after a preliminary study of the features and nature of cutaneous disease, we seek to determine its therapeutical idiosyncrasies, we shall discover them in the practical effort to strengthen assimilation, improve nutrition, fortify nerve-tone, and eliminate from the system a foreign element in the form of a specific poison. Nearly every known disease of the skin might be comprised, therapeutically, under these four heads; and we should find ourselves adopting an arrangement which has for its intention, *the cure of disease* in contradistinction to that of ascertaining its diagnosis and morbid processes.

Or, we might be tempted to view the subject from a strictly therapeutical point of view alone, and go armed for the treatment of all cutaneous diseases with four remedies:—

First, to follow the plan which I have already sketched, we must have *sulphate of magnesia;* this will form the basis of treatment of all our disorders of assimilation, and include an extensive series, embracing nearly the whole of the eczemata of middle life. I

need not allude to the adjuvantia and corroborantia with which sulphate of magnesia may be associated: this part of the subject is left to the judgment and experience, I might even say, to the taste and refinement, of the prescriber.

Secondly, let us take *arsenic*, the typical remedy for defective nutritive power in every tissue of the frame—the special agent of cure of the debility of the nutritive period of life; and under this head we may include the eczema of infancy, chronic eczema at every period of existence, the impetigos and ringworms of children, and the lepra vulgaris of all ages.

Thirdly, there is a branch of nutritive diseases which is peculiarly represented by cod-liver oil—namely, struma and lupus. We cannot adopt struma as a group by itself, but only as a sub-group of the much more comprehensive family of diseases resulting from defect of nutritive power; whilst another sub-group of the same great family is one which includes epithelioma and cancer.

As a fourth remedy let us take quinine, which we may justly regard as representing the leading feature of cure in all the neurotic or neuropathic affections.

And, finally, we have mercury and iodide of potassium, which represent another extensive and important group of diseases.

Were I, then, to sum up the necessary qualifications of a good dermatologist on the data I have just enunciated, I might say—that he should observe with Willan,

reflect with Hebra, and prescribe in obedience to the clinical requirements of his patient, and his confidence and experience in his remedies. I may say for myself, that although experience has given me a thorough trust in the remedies which I employ, I am, nevertheless, bound to admit that there is still very much more to be accomplished in this department to raise our practice to the level of our theory, to render it, if possible, a science rather than an art. It is here more than anywhere else, at the present day, that we want conscientious and careful work, and I will also venture to say, mutual co-operation.

It would be difficult to praise too highly the Vienna School of Dermatology, or even to do it proper justice, for the valuable instruction it has afforded us during the present and part of the last century. Plenck, the founder of the Willanean classification, was a member of that school; then we have Hebra and his distinguished pupils, Auspitz, Kaposi, Neumann, and others, together with a small host of zealous and industrious fellow-workers following in their footsteps, and aiming to convert Dermatology from an art into an exact science. We may be led by Willan to the diagnosis of a cutaneous disease, and by Hebra to a conception of its pathological signification; but we look from them to Neumann and his colleagues to be instructed in its veritable objectivity.

If we inquire into the present state of Dermatology, it may be said that we have outlived leaders, that we

can no longer range ourselves on one or on the other side: we accept all; for we find that truth converges to a single and very narrow point. Willan is not the less great because he followed and perfected the plan laid down by Plenck. Hebra is not the less great because he so brilliantly applied the teachings of Rokitansky and his school. Neither need we compare the unborn with the born: Willan flourished successfully before Hebra saw the light; and without concerning ourselves with the special excellences or defects of these good and great men; without discussing the relative value of objective and subjective, but rather inclining to prefer both, we are ready and willing to accept the instruction of all who have gone before us, and endeavour to profit, and even to improve on our instruction. It was said of Cuvier that he harvested and co-ordinated the labours of his contemporaries; that every diligent worker of his time became the husbandman of Cuvier. Let us honestly endeavour to do the same, and glean and co-ordinate the labours of those who have gone before us, for the instruction and benefit of those who must be our successors.

We cannot too much admire the careful and diligent work prevailing in the rising school of objectivity at present in operation at Vienna; the seemingly exhaustive subordination of the microscope to pathological histology. Already we experience its beneficial tendency as contributing to exactness of research; and in course of time its results will, no doubt, take a promi-

nent place amongst those data which are the essential foundation of our therapeutical practice.

If we wish further to ascertain in what Dermatology has advanced, at the present day, beyond the limits known to our predecessors, I would, in the first instance, answer—in the recognition of the importance of the skin as an individual organ closely allied with the rest of the organs of the economy; subject to similar laws of health and disease, and requiring to be treated therapeutically on similar principles. Inflammation, irritation, and debility of the skin must be controlled in a manner similar to that adopted for the treatment of those same conditions in other parts of the economy. We must recognise the local wants of the part as well as the general implication of the whole system; and we must be careful to distinguish affections of a decidedly local nature from those which primarily or secondarily are identified with the general constitution. For, even in some local affections, constitutional treatment is almost as essential as local treatment itself. A striking example of this kind is presented to us by the lepra of the Greeks, or lepra vulgaris, the psoriasis of the foreign schools. Now, lepra is especially a local affection, a manifestation of a congenital debility of the skin, to be cured by local remedies alone, when properly applied; and yet we should be neglectful of our duty if we failed to administer a constitutional remedy—namely, arsenic —for its treatment. Lepra is supposed to be consistent with a perfect state of health of the individual; that is,

as far as the rest of the organs of the body are concerned: for it admits of doubt, whether a whole can be considered sound, when a part, and so essential a part as the skin, is defective. Again, in its normal state, lepra gives so little notice of its presence, that it would remain undiscovered if it existed on a hidden part instead of one exposed to view; but its relation to the rest of the economy is manifested by its symmetrical distribution, which must be due to an inward vital force; by its frequent outbreak like an ordinary exanthema, and by its aggravation in states of disorder of the economy due to malassimilation, and particularly to the lithic acid malassimilation denominated gout.

Another example of a local affection of the skin is met with in the epiphytic diseases, ringworm and versicolor: both of these affections are removable, if not curable, by local treatment; and one of them, like lepra vulgaris, is symmetrical in its distribution. Nevertheless, it cannot for a moment be doubted that a general feebleness must be present with the local affection, and that it would be imprudent to neglect a constitutional as well as a local treatment. This is rendered more evident by the recognition that the soil which receives the seed must be favourable for its development and growth; while it is clear that a soil favourable for the development of a disease, under these circumstances, must be a morbid soil; the practical corollary being—improve the soil, and the disease will cease.

A strong evidence of the progress of Dermatology i

manifested by the precise differentiation of the principal cutaneous diseases, and their elevation as landmarks by which other affections are to be recognised and distinguished. Let me take, as an illustration of the most prominent of these affections, the giant of the skin diseases of this country—eczema, the great leprosy of modern society, adopting the term leprosy in its original signification of a disease of roughness or irregularity of surface, and not as one of vastness and universality of pathological destruction like the leprosy of exotic origin; neither as a sudden achroma of the skin like that which pervaded the leper of the Scriptures. To the Fathers of medicine, eczema was known by a name indicative of one of its symptoms, a symptom common to every stage and modification of its progress—namely, *psora*, from ψωειν, to scratch, in allusion to its itching property; whilst its chronic and squamous stage was denominated *psoriasis*.

Now, in eczema we recognise an inflammation of the skin; I might almost say, from its universality, *the* inflammation of the skin, generally consequent on internal causes, and sometimes on external causes. The manifestations of that inflammation vary very considerably, vary in obedience to the violence of the predisposing and exciting causes, and the constitution of the patient; but their limits are well known and familiar to us all. There may be redness, with more or less infiltration, congested and prominent follicles, minute vesicles, extensive vesication, serous and seropurulent exudation,

incrustation, desquamation and condensation, an thickening, with cracks or fissures of the skin.

Now, in this series of symptoms, which we can pro duce artificially upon the skin by any irritant, w recognise eczema; but eczema, like other diseases, ha its degrees, and the whole of the symptoms her enumerated may not be present at the same time indeed, several may be absent; but the case is none th less one of eczema, of greater or less severity. An here it is that I claim progress for Dermatology, i showing that one and the same disease may put on considerable number of forms without losing i identity.

In the picture I have just sketched, Willan, in pu suance of his classification, would have found materi for five of his seven genera; there would have bee examples of exanthema, papulæ, vesiculæ, pustul and squamæ. For him, that part alone of the eruptio in which vesicles were discoverable would have been genuine eczema; the prominent follicles would hav been termed lichen, and the squamous exfoliation of i chronic stage, psoriasis. Indeed, in his group of squama he has so mingled together lepra and eczema, that, as have already had occasion to deplore, the term psorias has been torn from its parent psora, and unwarrantabl given to lepra. Here, also, you will perceive mo clearly the point of my observations with regard t Dr. Marcet's case of eczema, which he denominate erythema ichorosum; but for which, when Willan wa

called in to see the case, as he was unable to find vesicles, he could not suggest any other name than impetigo, with a reference to an ambiguous description of that disease by our ancient Roman colleague, Celsus.

To the pathologist, it is naturally very interesting to observe the modifications of one and the same disease when spread more or less extensively over the surface of the body; its modification by age, constitution, and duration, and its modification in the different regions of the body—for example, the joints, the scalp, the face, the axillæ, the pudendum, the hands, and the feet; but whatever amount of variation may be discoverable, the disease is identically and everywhere the same. And to the practitioner, the inference is equally forcible, that a similar principle of treatment must be applicable in every instance; or, as Wilkinson ingenuously expressed it, we must submit ourselves unresistingly to a very "*sameness of method and remedies.*"

To a good general knowledge of the landmarks of Dermatology, must necessarily succeed a progressive and more exact understanding of other cutaneous diseases. Let us take for illustration an important and very interesting anatomical component of the skin, its follicular or gland-system. Physiologically, the follicles of the integument are known to us as the sources of the sebaceous and sudatory secretions, and the seat of development and growth of the hairs. Pathologically, we recognise in them a vast expanse of highly organised vascular and epithelial structure, peculiarly susceptible

of pathological change, and, in fact, taking a share, to greater or less extent, in the morbid processes of almost every disease of the skin. Having disposed of the whole we are privileged to take cognizance of the parts; and there is no part more interesting and important than the one under consideration at present, nor one which would better reward the labours of investigation and research. The phenomena of congestion and inflammation of the follicles, the aberrations of secretion and transmission of secretions, and the degenerative and plastic transformations occurring in their component structures, constitute a subject of most attractive interest.

When the skin is emptied of its blood by the stimulant action of cold, and a state of spasmus periphericus is induced, we find the follicles projected beyond their normal level, and giving rise to the appearance known as goose-skin, or cutis anserinus. When, on the contrary, in obedience to any cause of irritation acting from within, the blood is driven impetuously to the surface of the body, the follicles are the first to tell the tale, and redden under the inward shock: in this way they become the monitors of measles, scarlatina, small-pox, and syphilis. It was they that first suggested to the poetic mind of our forefathers the idea of bursting into bloom like a flower, the exanthem of the Greeks, the efflorescence of the Latins, and so also, but more recently, the bubbling up and bursting forth of eczema.

When, in addition to mere punctation, the blush of the follicle, the capillaries of their walls become dilated

and distended with blood, we have not mere congestion alone, but a real swelling of the summit of the follicle, and the production of a conical pimple of greater or less magnitude. In every instance of congestion of the integument there is a tendency to papulation, for which the follicles are solely responsible: hence the papulæ of rubeola, scarlatina, variola, syphilis, eczema, and scabies, and the more independent and permanent papulæ which, since the time of Willan, have been denominated lichen.

When congestion of the follicles ceases to be transient, and assumes a permanent character, we then have established a state which may be termed folliculitis; and a quasi-specific character is, in some instances, given to folliculitis by the nature of its cause: thus, I may enumerate the folliculitis of acne, of gutta rosea, of certain remedies, such as iodine, bromine, and tar; and proceeding onwards, we may take in variola, syphilis, ecthyma, hordeolum, furunculus, and even anthrax. These are all examples of inflammation of the follicles of the skin; and the material difference between them relates simply to cause and degree.

Let me say a few words with regard to acne, as being a common and well known affection, and presenting several striking points of curious physiological and even historical interest. Acne is the acme, or rather the acmai, of the Fathers of medicine. How, in the course of transmission from them to ourselves, it lost its *m*, and received the unmeaning substitution of an *n*, I need not

here discuss. Now, acne obtained its name from it occurrence at the acme of life, and the Latins represen it by the words *flos ætatis*, the flower of age; or, more correctly, the opening blossom of youth or manhood. The study of anatomy by dissection had not then come into use, and we therefore find our early Fathers intent observers of that which alone was within their reach—the external form and appearance of the body, and its varied modifications; and we are led to admire their justness and accuracy of observation, as represented by the names of cutaneous disease handed down from them to ourselves. When internal anatomy became the fashion, the old learning fell into the shade according to the custom of fashions in all ages; and hence the nomenclature of the ancients will still bear the test of the most rigorous criticism, and is deserving of our study and respect.

But the ancient Greeks had another name for acmai; they termed it "ionthos," which signifies the root of the hair; and we are thereby led to infer that they intended to imply a relationship between the papule of acne and the development of the hair—a fact which modern knowledge has fully confirmed; for the eruption of acne is essentially one of puberty, of the period when the hair of manhood is in course of development and growth. In this sense we recognise a resemblance between the congestion which accompanies the cutting of the teeth and that of the production of the mature hair—a resemblance which is curiously corroborated by

the discovery, in modern times, of the analogy subsisting between the tooth and the hair.

Now, that an enfeebled follicle, possibly the offspring of an enfeebled organ, should fall into a state of congestion when called upon to perform the elaborate function of new hair development and more powerful growth, is exactly what might have been predicted; and we are also thereby enabled to comprehend why the function of the entire follicle, as well as its sebaceous gland, should be disordered, and that the epithelia lexuviæ of the follicle, as well as the inspissated secretion of the gland, should become condensed and impacted. The accumulation of the contents of the follicle being, in this view of the case, the effect and not the cause of the folliculitis, as, at the present day, is very generally believed.

In later times, and as a consequence of what, in my devotion to this branch of medical research, I must denounce as a heedless and slovenly nomenclature, the word *acne* has been bestowed on nearly every papular folliculitis of the skin that comes under our observation; thus the gutta rosea of the Latins, the product of a reflex irritation of the gastric nerves, and an eruption of the mid-period of life, when no association of flos ætatis and acme would be possible, has been denominated acne; as also have the instances of folliculitis produced by iodine, bromine, and tar.

As a type of folliculitis we can have no better example than acne, which may be simply congestive, or it may

be pustular. Similar pathological forms are met with in gutta rosea, in mentagra or sycosis, and in the kerion or pustular folliculitis of the hairy scalp; while, in certain other forms of folliculitis, there may likewise occur necrobiosis and gangrene, as in the instance of furunculus and carbuncle.

Ringworm, again, is a folliculitis, but with a low degree both of congestion and inflammation—a hyperæmia, with an aberration of nutritive growth of the epithelium, such aberration of nutritive growth and development taking the form of a phytiform production, which has been regarded as a parasitic fungus. My views with regard to this matter are known to be opposed to those of the majority of dermatologists, and our practice is mutually at variance; for whilst I treat the chronic inflammation which is the cause of the phytiform growth, my opponents treat the phytiform growth as being the cause of the inflammation. Time, no doubt, will settle this question, and some others, at some future day.

To this long but interesting series of affections of the follicles of the skin I must add two more examples. One of these is lupus erythematosus, which, beginning as a chronic folliculitis, ends in the destruction of the more highly organised tissues of the neighbouring skin, and leaves nothing behind it but cicatrix tissue and atrophied glands.

The other disease possesses a plastic character, beginning as a hyperplasia of epithelial cells, and ending

in ulceration of various extent; sometimes creeping along the surface in the form of a rodent ulcer, and sometimes sinking into the tissues and destroying everything in its way, and constituting a real epitheliomatous cancer.

GENTLEMEN,—I feel a conscious warning that I have occupied your attention for more than the full time allotted to your orator of the year; and I will conclude by observing, that every step taken by science may be made progressive if we be careful to select and grasp its points of real instruction, and accumulate them as progress advances. As medical men, we are devoted to a cause which is essentially one of humanity, and we must endeavour to subordinate our knowledge to the proper treatment of disease, and thereby to the relief of human suffering. Such are the objects which I have endeavoured feebly to bring under your notice this evening: such are the objects to which the discussions within these walls, on our pleasant Monday evenings, are devoted: and of such, for a period of upwards of a century,* the London Medical Society has been the faithful and steadfast patron.

* The Society was founded in 1773.